

**OKLAHOMA DEPARTMENT OF CORRECTIONS
HCV TREATMENT WORK-UP PROVIDER NOTE**

Facility: _____ Allergies: _____

Current Medications: _____

Current Labs: (CBC, CMP, INR, AFP, Confirmatory HCV PCR RNA, genotype) _____

APRI score: _____

Has the Inmate requested Hepatitis C Treatment? ☐ Yes ☐ No Comment: _____

Has the Inmate previously been treated for Hepatitis C? ☐ Yes ☐ No

If "Yes" When (include year) _____ Where: _____ Treatment Regimen: _____ Duration: _____

Was treatment completed: ☐ Yes ☐ No If "No" state reason: _____

High Risk Behavior/Mode of HCV transmission:

First illicit drug use reported (month and year): _____

Route (intra-venous, intra-nasal, oral ingestion, smoked): _____

Last illicit drug use reported (month and year): _____

Alcohol consumption (amount): _____ First used _____ Last used _____

Prison tattooing/Piercing: First _____ Last _____

Unprotected sex: First encounter _____ Last encounter _____

Case Manager Review completed within the last 3 months? ☐ Yes ☐ No

Illicit drug use excluded with witnessed Urine Drug Screen (in patients suspected of ongoing high risk illicit drug use)? ☐ Yes ☐ No

Concomitant HBV excluded with negative HBsAg (Hepatitis B surface Antigen) and anti-HBc (Hepatitis B core antibody)? ☐ Yes ☐ No

HBsAg/anti-HBc positive - HBV PCR DNA (required)? ☐ Yes ☐ No

Hepatitis C Decompensation History:

Hepatic Encephalopathy: ☐ Yes ☐ No Comment: _____

Jaundice (Bilirubin \geq 2 mg/dL): ☐ Yes ☐ No Comment: _____

Ascites: ☐ Yes ☐ No Comment: _____

Bleeding/Ruptured Varies: ☐ Yes ☐ No Comment: _____

Hepatitis C Extra-Hepatic Manifestations History:

Thrombocytopenia: ☐ Yes ☐ No Comment: _____

Cryoglobulinemia: ☐ Yes ☐ No Comment: _____

Lymphoma: ☐ Yes ☐ No Comment: _____

Autoimmune Thyroiditis: ☐ Yes ☐ No Comment: _____

Porphyria Cutanea Tarda: ☐ Yes ☐ No Comment: _____

Lichen Planus: ☐ Yes ☐ No Comment: _____

Luekocytoclastic Vasculitis: ☐ Yes ☐ No Comment: _____

Renal Disease such as Membroproliferative Glomerulonephritis: ☐ Yes ☐ No Comment: _____

Physical Examination Consistent With Cirrhosis Findings:

Caput Medusae: ☐ Yes ☐ No Comment: _____

Loss of body/pubes hair: ☐ Yes ☐ No Comment: _____

Hepatic encephalopathy: ☐ Yes ☐ No Comment: _____

Gynecomastia: ☐ Yes ☐ No Comment: _____

Ascites: ☐ Yes ☐ No Comment: _____

Spider angiomas: ☐ Yes ☐ No Comment: _____

Palmar erythema: ☐ Yes ☐ No Comment: _____

Jaundice and scleral icterus: ☐ Yes ☐ No Comment: _____

Annual Child - Pugh Score: Based on current lab tests, calculate the following total:

			Score	
1. Bilirubin < 2 mg / dl = 1 pt.	2 - 3 mg / dl = 2 pts.	> 3 mg / dl = 3 pts.		<input type="checkbox"/> Mild 5 - 6 points
2. Albumin > 3.5 g / dl = 1 pt.	2.8 - 3.5 g / dl = 2 pts.	< 2.8 g / dl = 3 pts.		<input type="checkbox"/> Moderate 7 - 9 points
3. INR < 1.70 + 1 pt.	1.17 - 2.20 = 2 pt.	> 2.20 = 3 pts.		<input type="checkbox"/> Severe 10 - 15 points
4. Ascites None = 1 pt.	Medically Controlled = 2 pt.	Poor Control = 3 pts.		
5. Encephalopathy None = 1 pt.	Medically Controlled = 2 pt.	Poor Control = 3 pts.		

HCC screen completed:

AFP: ☐ Yes ☐ No Comment: _____

RUQ/splenic US: ☐ Yes ☐ No Comment: _____

IHAP completed within the last 3 months? ☐ Yes ☐ No Comment:

Co-sign completed note to Bethany Wagener, MHS, PA-C (HCV Clinical Coordinator)

Inmate Name	DOC #
(Last, First)	

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